# ANNEXURE III

**ANNEXURE III:**

**PROFORMA**

**Topic: "A CORRELATION OF SERUM ADIPONECTIN WITH URIC ACID AND OXIDATIVE STRESS MARKER MDA IN PRE DIABETES AND TYPE 2 DIABETES MELLITUS PATIENTS OF SUBURBAN AREA"**

Name of Patient : I.P.D / O.P.D No.
Age: Sex:
Occupation: Address:
Marital Status: Date of admission:
Provisional Diagnosis: Final Diagnosis:

**PRESENTNG COMPLAINTS**:

1. Increased thirst, increased frequency of micturition, increased appetite, loss of weight
2. Blurring vision
3. Burning sensation in lower limb
4. Chest pain, breathlessness, palpitation
5. Swelling of feet and face
6. Lower extremity numbness
7. Infections

**HISTORY OF PRESENTING COMPLAINTS**:

Duration / severity
Mode of onset
Progression
Aggravation/relieving factors
Associated symptoms

**DIABETIC HISTORY**:
Known case of Type 2 Diabetes Mellitus
Yes / no
If yes,

Duration of illness .

Age at diagnosis :
Details of treatment : Oral Hypoglycemic drugs or insulin

**ANY COMPLICATIONS OF TYPE 2 DIABETES MELLITUS:**
Past history of cerebrovascular events:
Past history of Angina pain/Myocardial Infarction/Ischemic heart disease or on any specific medication.
H/O Peripheral neuropathy:
Yes / no

Documented Diabetic retinopathy/surgical management of retinopathy in the past.
Diabetic Nephropathy
yes / no

Diabetic foot
yes / no

Autonomic Neuropathy
yes / no

Known case of Hypertension or on specific hypertensive medication.
Yes / no

Known case of Peripheral vascular disease/ past H/O treatment for the same
Yes / no

Known case of Dyslipidemia or on any specific medication.
Yes / no

**PAST ILLNESS**

A. **Medical History**

1 .History of hypertension,
2. Ischemic heart disease,
3. Hyperlipidemia
4. Myocardial infarction
5. Drug history

B. **Surgical History**
1. Major Surgical history

**Personal History**
1. Diet
2. Appetite
3. Sleep
4. Bowel/ bladder
5. Smoker
   (a) Active
   (b) Passive
6. History of
   (a) Tobacco Chewing
   (b) Pan Chewing
   (c) Betel Nut Chewing
7. Addiction to any drug

**Menstrual History**

**Obstetrical History**

**Family History (**Parents and Siblings)
1. History of Diabetes
2. History of Hypertension.
3. History of Hypercholesterolemia/ hyperlipidemia
4. History of Renal/Liver diseases.

**General Examination:**
1. Consciousness
2. Mental state
3. General appearance
4. Face & body habitus
5. Skin
6. Hair/Nails
7. Pallor
8. Icterus
8. Oral cavity/Dental hygiene
9. Hydration
10. Cyanosis
11.Clubbing
12. Pedal edema
13.Lymph node enlargement

**General Physical Examination:**

Pulse ; :min
Temp; :Degrees Celsius
B.P ; :mm Hg

R.R ; : per min

**Systemic Examination:**

CVS :
Respiratory System :
Per Abdomen :
CNS :

**LABORATORY INVESTIGATIONS**:

| | | | |
|---|---|---|---|
| Fasting Blood Sugar | : | Hemogram | : |
| Post Prandial Blood Sugar | : | ESR | : |
| HbA1c | : | | |
| Serum Cholesterol | : | | |
| Serum Triglycerides | : | | |
| Serum HDL | : | | |
| Serum LDL | : | | |
| Serum VLDL | : | | |

**KIDNEY FUNCTION TESTS**

| | |
|---|---|
| Serum urea | : |
| Serum creatinine | : |
| Serum electrolytes | : |
| Serum uric acid | : |

**Serum adiponectin** :

**Serum MDA** :

**EYE EXAMINATION**

Visual acquity :
Funduscopic examination of the retina. :

Treatment :